

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>191160362</i>	FILING DATE <i>01-12-01</i>	
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	✓						51			
2		✓					52			
3		✓					53			
4		✓					54			
5		✓					55			
6		✓					56			
7		✓					57			
8		✓					58			
9		✓					59			
10	✓						60			
11	✓						61			
12	✓						62			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	8						TOTAL DEP.			
TOTAL CLAIMS	12						TOTAL CLAIMS			

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